

United States Bankruptcy Court Northern District of Ohio				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Robinson, Bryant Keith			Name of Joint Debtor (Spouse) (Last, First, Middle): McHargh-Robinson, Geri Lynn		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): None		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4814			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 3582		
Street Address of Debtor (No. and Street, City, and State) 446 Garnette Akron, OH			Street Address of Joint Debtor (No. and Street, City, and State) 446 Garnette Akron, OH		
ZIPCODE 44313			ZIPCODE 44313		
County of Residence or of the Principal Place of Business: Summit			County of Residence or of the Principal Place of Business: Summit		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIPCODE			ZIPCODE		
Location of Principal Assets of Business Debtor (if different from street address above):					ZIPCODE
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other N.A.		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. §101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). ----- Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Bryant Keith Robinson & Geri Lynn McHargh-Robinson	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed: N.A.	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X <u>/s/ Robert Whittington</u> Signature of Attorney for Debtor(s) </div> <div> <u>3/28/12</u> Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 10px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-bottom: 10px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Bryant Keith Robinson

Signature of Debtor

X /s/ Geri Lynn McHargh-Robinson

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

3/28/12

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney***X** /s/ Robert Whittington

Signature of Attorney for Debtor(s)

ROBERT WHITTINGTON 0007851

Printed Name of Attorney for Debtor(s)

Firm Name

39 E. Market St., #303

Address

Akron, OH 44308

(330) 384 8484

Telephone Number

3/28/12

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Northern District of Ohio

Bryant Keith Robinson & Geri Lynn
McHargh-Robinson

In re _____
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Bryant Keith Robinson
BRYANT KEITH ROBINSON

Date: 3/28/12

UNITED STATES BANKRUPTCY COURT
Northern District of Ohio

Bryant Keith Robinson & Geri Lynn
McHargh-Robinson

In re _____
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Joint Debtor: /s/ Geri Lynn McHargh-Robinson
GERI LYNN MCHARGH-ROBINSON

Date: 3/28/12

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

United States Bankruptcy Court

Northern District of Ohio

Bryant Keith Robinson & Geri Lynn McHargh-Robinson

In re _____
Debtor

Case No. _____

Chapter 7**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 104,440.00		
B – Personal Property	YES	3	\$ 18,570.00		
C – Property Claimed as exempt	YES	6			
D – Creditors Holding Secured Claims	YES	1		\$ 125,397.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	10		\$ 54,988.84	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,886.53
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,753.00
TOTAL		27	\$ 123,010.00	\$ 180,385.84	

United States Bankruptcy Court

Northern District of Ohio

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 958.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 958.00

State the Following:

Average Income (from Schedule I, Line 16)	\$ 3,886.53
Average Expenses (from Schedule J, Line 18)	\$ 3,753.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,943.83

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 20,957.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 54,988.84
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 75,945.84

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
446 Garnette, Akron, OH See attachment for legal description, auditor's card	Fee Simple	H	104,440.00	125,397.00
Total ➤			104,440.00	

(Report also on Summary of Schedules.)

EXECUTOR'S DEED

KNOW ALL MEN BY THESE PRESENTS, THAT WHEREAS, the Last Will and Testament of

Peter Psarras,

deceased, was duly admitted to probate in the Probate Court of Summit County, Ohio, by which Last Will

Georgette Constantinou

was named as Executrix thereof, with power and authority conferred thereby to sell and convey by the following language therein contained:

"...granting to her as such Executrix full power and authority to sell and convey all or any part of my estate, real, personal or mixed, upon such terms and at such prices as she may deem proper, and without obtaining any order of any Court therefor..."

AND WHEREAS, Georgette Constantinou was duly confirmed, appointed and qualified by the court as Executrix and is still acting in such capacity as Executrix as will further appear by the records of the court in Case Number 2007 ES 01191;

NOW THEREFORE, Georgette Constantinou, as Executrix and in consideration of One Dollar and Other Valuable Consideration (\$1.00 & O.V.C.) paid by the Grantee, receipt of which is hereby acknowledged, does grant, bargain, sell and convey with Fiduciary Covenants to

Bryant K. Robinson,

the Grantee,

his heirs and assigns forever, all of her right, title and interest, in and to the following real property:

Situated in the City of Akron, County of Summit and State of Ohio: And known as being all of Lot Number Thirty-Five and part of Lot Number Thirty-Six in Akron Homes Subdivision Number Two, Section B as recorded in Plat Book 47, Pages 44 and 45 of Summit County Records, the part of Lot No. 36 being described as follows: Beginning at a point in the Southeasterly corner of Lot No. 35 in said allotment; Thence Southerly along the Westerly line of Garnette Road, 25 feet to a point; Thence Northwesterly to the most westerly corner of Lot No. 36; Thence Northeasterly along the Northwesterly line of Lot No. 36, 33.0 feet to the most



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Pg: 1 of 2
02/26/2008 01:54P
DE 20.00

31965
Miller Examining Service, Inc. ME
7-0-11

Northerly corner thereof; Thence Southeasterly along the Northeasterly line of Lot No. 36 to the place of beginning.

and appurtenances thereunto belonging; to have and to hold unto the Grantee, his heirs and assigns forever, as fully and completely as said Executrix by virtue of the will and proceedings can convey.

Tax Mailing Address: 446 Garnette Rd, Akron, Ohio 44313
Parcel No. 68-21492 Routing No. PO-20106-01-015-000
68-21493 PO-20106-01-016-000
Prior Instrument Reference: Reception No. 55499673

Description approved by Tax Maps
Approval good for 30 days from

UB PO1100 2/26/08

IN WITNESS WHEREOF, the undersigned has set her hand this
26th day of February, 2008.

Estate of Peter Psarras,
by:

Georgette Constantinou, Executrix
Georgette Constantinou, Executrix

ACKNOWLEDGMENT

State of Ohio)
) ss
County of Summit)


John A Donofrio, Summit Fiscal Officer

55520726
Pg: 2 of 2
02/26/2008 01:54P
DE 28.00

Before me a Notary Public in and for said county, personally appeared Georgette Constantinou, as Executrix of the Last Will and Testament of Peter Psarras, deceased, the Grantor in the foregoing deed, and acknowledged the signing thereof to be her voluntary free act and deed.

In Testimony Whereof, I have hereunto set my hand and official seal, at Akron, Ohio
this 26th day of February, 2008.

Karen L. Llewellyn
Notary Public

My Commission expires:



KAREN L. LLEWELLYN
Notary Public, State of Ohio
My Commission Expires
April 8, 2010

Prepared by:
Robert P. Campbell
Attorney at Law
Akron, Ohio

2851
TRANSFERRED IN COMPLIANCE WITH
SEC. 319.202 REV. CODE
\$124,000.00 \$496.00 FEE
Consideration
JOHN A. DONOFRIO By Donofrio
Fiscal Officer Deputy Fiscal Officer
No. of pages 2

TRANSFERRED
2008 FEB 26 PM 1:50
JOHN A. DONOFRIO
FISCAL OFFICER
COUNTY OF SUMMIT

Print

Pay by Phone

Pay On-Line

Kristen M. Scalise CPA, CFE

Fiscal Officer, County of Summit

Note: This is a live file and is subject to constant change.

Print

IAS4 - INTEGRATED ASSESSMENT SYSTEM REVIEW DOCUMENT

Summit County Auditor Division, OH - Tax Year 2011

Reference Year

FEB 27, 2012

04:54 PM

BASIC INFORMATION FOR PARCEL 6821493

PARCEL	6821493	ALT_ID	PO0010601016000	NO CARDS	1
OWNER	ROBINSON BRYANT K			INFO	
OWNER				—LISTER—	
DESC.	SV-AKRON HOMES SUBDN #2SEC B LOT 35 ALL			550	23-AUG-10
DESC.				RENTAL REG	
DESC.		LUC	510	R - SINGLE FAMILY DWELLING, PLATTED	
ADDR.	446 GARNETTE RD, AKRON 44313-			CLASS R	
SPEC FLAG				NBR	30100144
HOMESTEAD	No			2.5% REDUCTION	Yes
DISTRICT	68 AKRON CITY-AKRON CSD			INTER-COUNTY	77-0530

LAND FOR PARCEL 6821493

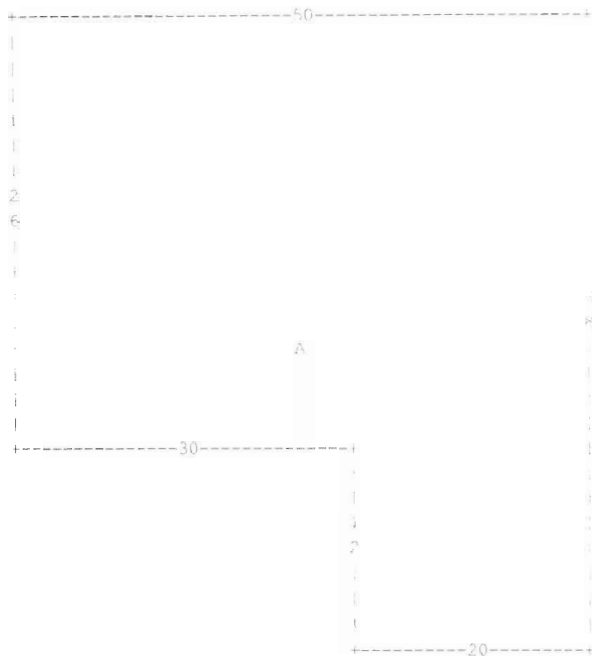
CODE	ACTUAL	BASE	DEPTH	UNIT	DEP/FAC	INCR/DECR	INFLUENCE	INFLU%	VALUE
01	49	70	184	375	1.1	190/190			24490

LOT CODE: 01 = HOUSE LOT

RESIDENTIAL CARD 1 OF 1 FOR PARCEL 6821493

STYHT	1	HT/AC	CENTRAL AIR CONDITION
CONST	ALUMINUM/VINYL	FUEL	GAS
MSRY TRIM		SYSTEM	
TYPE	SPLTLEVL	ATTIC	NO
YR BUILT	1957	FINBSMT	770
EFF YR		REC RM	
YRREMDLD		FRP PREFB	
TOT RM	7	FRPL OP/ST	1 1
BEDRM	3	BSMT GAR	2
FAMLYRM		PHYSICAL	60
FULL/BTH	2	FUNC DEP	
HALF/BTH	1	FUNC RSN	
TOT FIXTRS	10	ECON DEP	83
BSMT	FULL	ECON RSN	70
GFLA	1540	GRADE	110
SFLA	2310	COND (CDU)	AVERAGE (86%)
		PCT CMPL	

DESCRIPTION: SPLTLEVL ALUMINUM/VINYL 1 STORY WITH 1540 SQ FT GROUND FLOOR LIVING AREA AND 2310 TOTAL SQ FT LIVING AREA, BUILT ABOUT 1957. IT HAS 7 TOTAL ROOMS WITH 3 BEDROOMS, 2 FULL BATHROOMS, 1 HALF BATHROOM, A FULL BASEMENT, HEATING IS CENTRAL AIR CONDITION, 1 FIREPLACE AND THE OVERALL CONDITION IS AVERAGE. THE "ADDN MISC FEATURES" VALUE WAS DERIVED FROM THE BASEMENT GARAGE (5200), THE FINISHED BASEMENT (18300), THE HT/AC (2920), THE PLUMBING (5000), AND THE FIREPLACE (3000).

**SUMMARY ALL CARDS FOR PARCEL 6821493**

LAND:	24490	BUILDING:	79910	TOTAL:	104400
ASSESSED LAND:	8570	ASSESSED BLDG:	27970	ASSESSED TOTAL:	36540

SALES INFORMATION FOR PARCEL 6821493

DATE	DOC#	GRANTOR	AMT	SALE	DESC	PARCELS
26-FEB-08	2851	PSARRAS PETER	124000	J	ESTATE SALE	2
28-NOV-07	21729	PSARRAS PETER & ESTHER ALICE				2
21-MAR-95		PSARRAS PETER	0			2

NOTESAA14CA12

10FC1004

Print

Pay by Phone

Pay On-Line

2011 SUMMARY INFORMATION FOR PARCEL 6821493

MAILING ADDRESS
ROBINSON BRYANT K
446 GARNETTE RD
AKRON, OH 44313

APPAISED VALUE 104,400

TAXABLE VALUE 36,540

BANK CODE 434 BWC TAX SERVICES CORP

TREAS CODE

CUR YR REFUND

PRI YR REFUND

MONEY IN ESCROW

MONEY IN PRETAX

LUC

CLASS

2.5%

HMSTD

CAUV

FOREST

STUB

CERT YEAR

DELQ CONTRACT

BANKRUPTCY

FORECLOSURE

Beginning Tax Duplicate

Where Do My Tax Dollars Go? Voter Approved Levy Tax

First Bill Charges

Second Bill Charges

Real Estate	1123.65	1123.65
Special Assessment	35.94	35.94
Total	1159.59	1159.59
Due Date	FEB 17, 2012	

Total Tax Amount Due Reflects Payment & Adjustment To Date

TOTAL REAL ESTATE	0.00	1159.59	1159.59
SPECIAL CHARGES			
P & I & ADJ	0.00	0.00	0.00
PAYMENTS	0.00	-1159.59	0.00
AMOUNT DUE	0.00	0.00	1159.59
YEARLY AMOUNT DUE:			1159.59

2011 TAX BILL DETAILS FOR PARCEL 6821493

DATE	SETTLE #	PROJ. ACTION CODE	HAUT	ADJ
03-JAN-12		DUP/ORG	1794.49	1794.49
03-JAN-12		DUP/RED	-510.32	-510.32
03-JAN-12		DUP/ADJ	1284.17	1284.17
03-JAN-12		DUP/RLB	-128.42	-128.42
03-JAN-12		DUP/HRB	-32.10	-32.10
03-JAN-12	346768	DUP/SAC	34.56	34.56
03-JAN-12	346768	DUP/SAF	1.38	1.38
27-JAN-12	346768	PAY/SAC	-34.56	0.00
27-JAN-12	346768	PAY/SAF	-1.38	0.00
27-JAN-12		PAY/CHG	-1123.65	0.00

DELQ REAL ESTATE & ASSESSMENT TAX: 0.00

ADJUSTMENT: 0.00

DECEMBER INTEREST: 0.00

AUGUST INTEREST: 0.00

TOTAL 0.00

REAL ESTATE CHARGES: 1123.65 1123.65

SPECIAL ASSESSMENT CHARGES: 35.94 35.94

ADJUSTMENT: 0.00 0.00

TOTAL CHARGES: 1159.59 1159.59

PAYMENTS: DATE TYPE

27-JAN-12 NML -1159.59

TOTAL PAYMENTS: -1159.59 0.00

FRESH AMOUNT DUE: 0.00 1159.59

SPECIAL ASSESSMENT:

PROJECT NAME

346768 M03 ST LTG/SWP-9999

9999

35.94

35.94

GENERAL INFORMATION

Kristen M. Scalise CPA, CFE
 FISCAL OFFICER, COUNTY OF SUMMIT
 175 SOUTH MAIN ST.
 AKRON, OHIO 44308

PLEASE DIRECT INQUIRIES CONCERNING PROPERTY VALUES TO

(330)-643-2636

(330)-643-2645

(330)-643-2710

(330)-643-2661

GENERAL REAL ESTATE

SPECIAL ASSESSMENTS

APPRAISAL INFORMATION

HOMESTEAD

PLEASE DIRECT INQUIRIES ABOUT YOUR TAX BILL INFORMATION TO

(330)-643-2867

(330)-643-2600

(330)-643-2587

(330)-643-2589

TREASURER DIVISION PRE-PAYMENT PROGRAM

MONTHLY DELINQUENT CONTRACT PROGRAM

TAX BILL MAILING INFORMATION

PAYMENT INFORMATION

Click the Following Links to Navigate the Tax Years

[2012](#) [2010](#) [2009](#) [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#) [2001](#) [2000](#) [1999](#) [1998](#) [1997](#) [1996](#)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account, Buckeye St. Credit Union	H	500.00
		Checking account, Charter One Bank	W	500.00
		Savings account, Charter One Bank	W	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		3 beds	J	100.00
		3 dressers	J	125.00
		2 night stands	J	25.00
		2 piece sectional	J	200.00
		Loveseat	J	200.00
		Chair	J	200.00
		Bookcase	J	20.00
		Washing machine	J	50.00
		Clothes dryer	J	50.00
		Lawn mower	J	75.00
		3 television sets	J	175.00
		2 d.v.d. players	J	30.00
		Computer	J	75.00
		Kitchen table, chairs	J	100.00
		Diningroom table, chairs	J	175.00
		Cooking equipment, pots and pans	J	50.00
		Stove	J	125.00
		Microwave oven	J	20.00
		Refrigerator	J	75.00

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothes	J	100.00
7. Furs and jewelry.		Wedding rings	J	200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance through employers	J	0.00
		Term life insurance, daughter's life, American Life Ins.	J	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401-K plan, husband's employer	H	8,500.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.		Right to receive 2011 income tax refunds in 2012 (to be intercepted by St. of Ohio)	J	Indeterminate

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Debtor

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1999 GMC Yukon Denali vehicle	H	3,400.00
		2002 Ford Escape vehicle	W	3,400.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached Total				\$ 18,570.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds \$146,450*.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
446 Garnette, Akron, OH	(Husb)Ohio Rev. Code §2329.66 (A)(1)(a)	21,625.00	104,440.00
Checking account, Buckeye St. Credit Union	(Husb)Ohio Rev. Code §2329.66 (A)(3)	\$3,150 of cash, deposits & tax refunds are exempt per (A)(3) & (A)(18)	500.00
	(Husb)Ohio Rev. Code Sec. 2329.66(A)(18)	\$3,150 of cash, deposits & tax refunds are exempt per (A)(3) & (A)(18)	
Checking account, Charter One Bank	(Wife)Ohio Rev. Code §2329.66 (A)(3)	425.00	500.00
	(Wife)Ohio Rev. Code Sec. 2329.66(A)(18)	1,150.00	
Savings account, Charter One Bank	(Wife)Ohio Rev. Code §2329.66 (A)(3)	100.00	100.00
3 beds	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	50.00	100.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	50.00	
3 dressers	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	62.50	125.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	62.50	

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2 night stands	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	12.50	25.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	12.50	
2 piece sectional	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	100.00	200.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	100.00	
Loveseat	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	100.00	200.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	100.00	
Chair	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	100.00	200.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	100.00	
Bookcase	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	10.00	20.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	10.00	

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Washing machine	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	25.00	50.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	25.00	
Clothes dryer	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	25.00	50.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	25.00	
Lawn mower	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	37.50	75.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	37.50	
3 television sets	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	87.50	175.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	87.50	
2 d.v.d. players	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	15.00	30.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	15.00	

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Computer	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	37.50	75.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	37.50	
Kitchen table, chairs	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	50.00	100.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	50.00	
Diningroom table, chairs	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	87.50	175.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	87.50	
Cooking equipment, pots and pans	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	25.00	50.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	25.00	
Stove	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	62.50	125.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	62.50	

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Microwave oven	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	10.00	20.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	10.00	
Refrigerator	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	37.50	75.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	37.50	
Clothes	(Husb)Ohio Rev. Code §2329.66 (A)(4)(a)	50.00	100.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(a)	50.00	
Wedding rings	(Husb)Ohio Rev. Code §2329.66 (A)(4)(b)	1,450.00	200.00
	(Wife)Ohio Rev. Code §2329.66 (A)(4)(b)	1,450.00	
Term life insurance through employers	(Husb)Ohio Rev. Code §2329.66 (A)(6)(c)	100% of proceeds are exempt	0.00
	(Wife)Ohio Rev. Code §2329.66 (A)(6)(c)	0.00	

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Term life insurance, daughter's life, American Life Ins.	(Husb)Ohio Rev. Code §2329.66 (A)(6)(b)	100% of proceeds are exempt	0.00
	(Wife)Ohio Rev. Code §2329.66 (A)(6)(b)	0.00	
401-K plan, husband's employer	(Husb)Ohio Rev. Code §2329.66 (A)(10)(b)	100% of fmv is exempt	8,500.00
Right to receive 2011 income tax refunds in 2012 (to be intercepted by St. of Ohio)	(Husb)Ohio Rev. Code §2329.66 (A)(3)	are exempt per (A)(3) & (A)(18)	Indeterminate
	(Husb)Ohio Rev. Code Sec. 2329.66(A)(18)	are exempt per (A)(3) & (A)(18)	
	(Wife)Ohio Rev. Code §2329.66 (A)(3)	Indeterminate	
	(Wife)Ohio Rev. Code Sec. 2329.66(A)(18)	Indeterminate	
1999 GMC Yukon Denali vehicle	(Husb)Ohio Rev. Code §2329.66 (A)(2)	3,400.00	3,400.00
2002 Ford Escape vehicle	(Wife)Ohio Rev. Code §2329.66 (A)(2)	3,450.00	3,400.00

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.	H	Incurred: 2008 Lien: First Mortgage Security: 446 Garnette, Akron, OH				125,397.00	20,957.00
Bank of America 450 American St. SV416 Simi Valley, CA 93065							
		VALUE \$ 104,440.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

0 continuation sheets attached

Subtotal (Total of this page)	\$ 125,397.00	\$ 20,957.00
Total (Use only on last page)	\$ 125,397.00	\$ 20,957.00

(Report also on Summary of Schedules)
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson,
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/10) - Cont.

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

0 continuation sheets attached

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4348 Arrow Financial for HSBC Card 5996 W. Touhy Ave. Niles, IL 60714						Notice Only
ACCOUNT NO. Asset Acceptance for Target Nat'l. Bank P.O. Box 1630 Warren, MI 48090	W	Incurred: 2919 Consideration: Credit card debt				828.00
ACCOUNT NO. Capital Accounts LLC for Endocrine Assocs. PO. Box 140065 Nashville, TN 37214	W	Incurred: 2008 Consideration: Medical Services				125.00
ACCOUNT NO. CBE Group for Dominion E. Ohio Gas 131 Tower Pk. Dr. #100 Waterloo, IA 50701	H	Incurred: 2011 Consideration: Gas utility service				2,771.00
9 continuation sheets attached						Subtotal ➤ \$ 3,724.00
						Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Chase P.O. Box 901076 Ft. Worth, TX 76101	H	Incurred: 2007 Consideration: Credit card debt				3,182.00
ACCOUNT NO. Chase Bank USA P.O. Box 15298 Wilmington, DE 19850	W	Incurred: 1999 Consideration: Credit card debt				5,722.00
ACCOUNT NO. 3651 Childrens Hospital P.O. Box 75539 Cleveland, OH 44101	H	Incurred: 2009 Consideration: Medical Services				174.00
ACCOUNT NO. Childrens Hospital Medical Center Akron One Perkins Square Akron, OH 44308	H	Incurred: 2009 Consideration: Medical Services				301.58
ACCOUNT NO. Childrens Hospital Medical Center Akron One Perkins Square Akron, OH 44308	H	Incurred: 2009 Consideration: Medical Services				28.50

Sheet no. 1 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 9,408.08

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3651 CHMCA 326 Locust St., #200 Akron, OH 44302	H	Incurred: 2009 Consideration: Medical Services				202.05
ACCOUNT NO. Credit Protection for Time Warner Cable 13355 Noel Rd. #2100 Dallas, TX 75240	H	Incurred: 2011 Consideration: Cable t.v.				318.00
ACCOUNT NO. Dominion East Ohio P.O. Box 26785 Richmond, VA 23261						Notice Only
ACCOUNT NO. Dominion East Ohio P.O. Box 26785 Richmond, VA 23261	W	Incurred: 2008 Consideration: Gas utility service				1,344.00
ACCOUNT NO. 5541 Financial Recovery Svcs for JC Penney P.O. Box 385908 Minneapolis, MN 55438	H	Incurred: 2011 Consideration: Credit card debt				633.56

Sheet no. 2 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,497.61

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. First Premier Bank 601 S. Minnesota Ave. Sioux Falls, SD 57104	H	Incurred: 2006 Consideration: Credit card debt				412.00
ACCOUNT NO. GE for JC Penney P.O. Box 965007 Orlando, FL 32896						Notice Only
ACCOUNT NO. GE Money Bank JP Penney Attn: Bankruptcy Dept. P.O. Box 103104 Roswell, GA 30076	H	Incurred: 2007 Consideration: Credit card debt				419.00
ACCOUNT NO. Great Lakes Higher Education 2401 International Lane Madison, WI 53704	W	Incurred: 2000 Consideration: Student loan				958.00
ACCOUNT NO. Joseph Harrison for Time Warner Cable 310 N. Cleve-Mass. Rd. Akron, OH 44333	W	Incurred: 2008 Consideration: Cable t.v.				146.00

Sheet no. 3 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,935.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	H	Incurred: 2008 Consideration: Credit card debt				538.00
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197						
ACCOUNT NO.	W	Incurred: 2003 Consideration: Credit card debt				753.00
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197						
ACCOUNT NO.	W	Incurred: 2011 Consideration: Credit card debt				789.00
LVNV Finding for HSBC Card Services P.O. Box 10497 Greenville, SC 29603						
ACCOUNT NO.		Notify with respect to claim of JC Penney				Notice Only
LVNV Funding P.O. Box 10497 Greenville, SC 29603						
ACCOUNT NO.	W	Incurred: 1999 Consideration: Credit card debt				407.00
Macy's 9111 Duke Blvd. Mason, OH 45040						

Sheet no. 4 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,487.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Macys P.O. Box 8218 Mason, OH 45040	H	Incurred: 20007 Consideration: Credit card debt				429.00
ACCOUNT NO. Midland Credit Mgt. for Tribute Mastercard 8875 Aero Dr. San Diego, CA 92123	H	Incurred: 2009 Consideration: Credit card debt				703.00
ACCOUNT NO. 2030 NCO Financial P.O. Box 15636 Wilmington, DE 19850		Notify with respect to claim of Dominion E. Ohio Gas				Notice Only
ACCOUNT NO. Ohio Attorney General Attn: Bankruptcy Staff 150 E. Gay Street., 21st Floor Columbus, OH 43215	H	Notify with respect to claim of Ohio Dept. Jobs & Fam. Svcs.				Notice Only
ACCOUNT NO. Ohio Department of Jobs Attn: Collection Dept. P.O. Box 182404 Columbus, OH 43218-2404	H	Incurred: 2009 Consideration: Overpayment of benefits				15,775.45

Sheet no. 5 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$ 16,907.45
Total	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Portfolio Recovery Assoc. for HSBC Card 120 Corporate Blvd., #100 Norfolk, VA 23502	H	Incurred: 2009 Consideration: Credit card debt				652.00
ACCOUNT NO. Prompt Recovery Svcs. for Time Warner Calbe 9347 Ravenna Rd. G Twinsburg, OH 44087	W	Incurred: 2009 Consideration: Cable t.v.				156.00
ACCOUNT NO. 6805 Quest Diagnostics P.O. Box 55126 Boston, MA 02205-5126	H	Incurred: 2010 Consideration: Medical Services				203.50
ACCOUNT NO. Receivables Performance for T-Mobile 20816 44th Ave. W. Lynnwood, WA 98036	W	Incurred: 2010 Consideration: Telephone service				Unknown
ACCOUNT NO. Sears HSBC P.O. Box 5222 Carol Stream, IL 60197-5222						Notice Only

Sheet no. 6 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,011.50

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Security Credit Services 2623 W. Oxford Loop Oxford, MS 38655						Notice Only
ACCOUNT NO.						
Security Credit Services for Wash. Mutual 10810 Indeco Dr. Cincinnati, OH 45241	W	Incurred: 2007 Consideration: Credit card debt Judgment, Akron Muni. Ct. 08 CVF 13408				15,963.00
ACCOUNT NO. 3318						
Summa Health System 2750 Front St. Cuyahoga Falls, OH 44221	H	Incurred: 2011 Consideration: Medical Services				169.33
ACCOUNT NO. 0975						
Summa Health System P.O. Box 3540 Akron, OH 44309	H	Incurred: 2009 Consideration: Medical Services				184.88
ACCOUNT NO. 5862						
Team Recovery for Childrens Hosp. 3914 Clock Pointe Trail Suite 101 Stow, OH 44224	H	Incurred: Unknown Consideration: Medical Services				133.65
Sheet no. <u>7</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ▶ \$ 16,450.86
						Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0301 Team Recovery for Childrens Hosp. 3914 Clock Pointe Trail Suite 101 Stow, OH 44224	H	Incurred: 2009 Consideration: Medical Services				553.08
ACCOUNT NO. Team Recovery for Childrens Hospital 3914 Clock Pointe Trail Suite 101 Stow, OH 44224	H	Incurred: Unknown Consideration: Medical Services				14.26
ACCOUNT NO. Time Warner Cable 5520 Whipple Ave., N.W. North Canton, OH 44720						Notice Only
ACCOUNT NO. Time Warner Cable P.O. Box 9037 Addison, TX 75001-9037						Notice Only
ACCOUNT NO. Stuart Tobin 10810 Indeco Dr. Cincinnati, OH 45241		Notify with respect to claim of Secuity Credit Svc.				Notice Only

Sheet no. 8 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 567.34

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Tribute P.O. Box 790193 St. Louis, MO 63179-0193						Notice Only
ACCOUNT NO.						
Tribute FO P.O. Box 10555 Atlanta, GA 30348						Notice Only
ACCOUNT NO.						
Van Ru Credit P.O. Box 46249 Lincolnwood, IL 60646						Notice Only
ACCOUNT NO.						
Van Ru Credit Corp. for Macy's 10024 Skokie Blvd., #2 Skokie, IL 60077-1109						Notice Only
ACCOUNT NO.						

Sheet no. 9 of 9 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 0.00

Total ▶ \$ 54,988.84

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson

Case No. _____

Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson**Debtor**

Case No. _____

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re Bryant Keith Robinson & Geri Lynn McHargh-RobinsonCase _____
(if known)

Debtor

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): daughter, son	AGE(S): 16, 4
Employment:	DEBTOR	SPOUSE
Occupation	Factory worker	Asset Specialist
Name of Employer	Maxion Wheels	Hill-Rom
How long employed	18 years	2 years
Address of Employer	428 Seiberling St.	1069 St. Rt. 46
	Akron, OH	Batesville, IN 47006

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ 2,964.00	\$ 1,815.66
2. Estimated monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 2,964.00	\$ 1,815.66
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 706.33	\$ 231.83
b. Insurance	\$ 104.00	\$ 0.00
c. Union Dues	\$ 47.19	\$ 0.00
d. Other (Specify: (D)401-K)	\$ 193.78	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1,051.30	\$ 231.83
6.. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,912.70	\$ 1,583.83
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 390.00
11. Social security or other government assistance (Specify)	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify)	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 390.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)	\$ 1,912.70	\$ 1,973.83
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)	\$ 3,886.53	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Bryant Keith Robinson & Geri Lynn McHargh-RobinsonCase No. _____
(if known)

Debtor

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- | | | |
|---|----|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 977.00 |
| a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____ | | |
| b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____ | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 290.00 |
| b. Water and sewer | \$ | 66.00 |
| c. Telephone | \$ | 133.00 |
| d. Other _____ | \$ | 0.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | \$ | 850.00 |
| 5. Clothing | \$ | 90.00 |
| 6. Laundry and dry cleaning | \$ | 80.00 |
| 7. Medical and dental expenses | \$ | 120.00 |
| 8. Transportation (not including car payments) | \$ | 390.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 100.00 |
| 10. Charitable contributions | \$ | 120.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 97.00 |
| e. Other _____ | \$ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) _____ | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | 0.00 |
| b. Other _____ | \$ | 0.00 |
| c. Other _____ | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other <u>Daycare, tuition</u> | \$ | 440.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data) | \$ | 3,753.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| <u>None</u> | | |
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 15 of Schedule I (Includes spouse income of \$1,973.83. See Schedule I) | \$ | 3,886.53 |
| b. Average monthly expenses from Line 18 above | \$ | 3,753.00 |
| c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts) | \$ | 133.53 |

Bryant Keith Robinson & Geri Lynn McHargh-Robinson

In re _____
DebtorCase No. _____
(If known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 29 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 3/28/12Signature: /s/ Bryant Keith Robinson
DebtorDate 3/28/12Signature: /s/ Geri Lynn McHargh-Robinson
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

Bryant Keith Robinson & Geri Lynn
McHargh-Robinson

In Re

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2012(db)	7,108.00	Maxion Wheels
2011(db)	40,677	Hayes Lemmerz, Toys R US
2010(db)	31,342.00	Hayes Lemmerz
2012(jdb)	4,713.00	Hill-Rom
2011(jdb)	28,411	Hill-Rom and Macys
2010(jdb)	39626	Hill Rom, Macys

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None



Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR
AGENCY AND LOCATION

STATUS OR
DISPOSITION

Security Credit
Services v. McHargh et
al
2008 CVF 13405

Collection suit

Akron Muni. Ct.

Judgment for
plaintiff

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
PERSON FOR WHOSE BENEFIT
PROPERTY WAS SEIZED

DATE OF
SEIZURE

DESCRIPTION AND
VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF
CREDITOR OR SELLER

DATE OF REPOSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION AND
VALUE OF PROPERTY

6. Assignments and Receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS
OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF
ASSIGNMENT
OR SETTLEMENT

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS
OF CUSTODIAN

NAME AND LOCATION
OF COURT CASE TITLE
& NUMBER

DATE OF
ORDER

DESCRIPTION AND
VALUE OF PROPERTY

7. Gifts

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF
PERSON OR ORGANIZATION

RELATIONSHIP
TO DEBTOR, IF ANY

DATE OF
GIFT

DESCRIPTION AND
VALUE OF GIFT

8. Losses

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION
AND VALUE
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS
WAS COVERED IN WHOLE OR IN PART BY
INSURANCE, GIVE PARTICULARS

DATE OF
LOSS

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Robert Whittington 39 E. Market St., #303 Akron, OH 44308	3/18/12	\$350.00

10. Other transfers

None

☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

☒

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	---------------------------	---

11. Closed financial accounts

None

☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------------	--	--

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF BANK
OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF
THOSE WITH ACCESS TO BOX
OR DEPOSITORY

DESCRIPTION OF
CONTENTS

DATE OF
TRANSFER OR
SURRENDER, IF ANY

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE
OF
SETOFF

AMOUNT
OF
SETOFF

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND
ADDRESS OF OWNER

DESCRIPTION AND
VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME
AND ADDRESS

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DATE OF
NOTICE

ENVIRONMENTAL
LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME
AND ADDRESS

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DATE OF
NOTICE

ENVIRONMENTAL
LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	3/28/12	Signature of Debtor	/s/ Bryant Keith Robinson BRYANT KEITH ROBINSON
Date	3/28/12	Signature of Joint Debtor	/s/ Geri Lynn McHargh-Robinson GERI LYNN MCHARGH-ROBINSON

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

Bryant Keith Robinson & Geri Lynn McHargh-Robinson

In re _____, Case No. _____
 Debtor Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: Bank of America	Describe Property Securing Debt: 446 Garnette, Akron, OH
<p>Property will be (<i>check one</i>):</p> <p><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input checked="" type="checkbox"/> Other. Explain <u>retain, keep current</u> (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (<i>check one</i>):</p> <p><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

Property No. 2 (<i>if necessary</i>)	
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be (<i>check one</i>):</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (<i>check one</i>):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B - Personal property subject to unexpired leases. *(All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)*

Property No. 1 NO Leased Property		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 <i>(if necessary)</i>		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 <i>(if necessary)</i>		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached *(if any)*

I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.

Date: 3/28/12

/s/ Bryant Keith Robinson
Signature of Debtor

/s/ Geri Lynn McHargh-Robinson
Signature of Joint Debtor

In re Bryant Keith Robinson & Geri Lynn McHargh-Robinson
Debtor(s)

Case Number: _____
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
☒ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by §707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for “The presumption does not arise” at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the “exclusion period”). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for “The presumption is temporarily inapplicable” at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11. d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.													
All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income										
3	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 3,345.83	\$ 2,208.00									
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" data-bbox="186 1018 1185 1155"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	\$ 0.00	\$ 0.00
a.	Gross receipts	\$ 0.00												
b.	Ordinary and necessary business expenses	\$ 0.00												
c.	Business income	Subtract Line b from Line a												
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" data-bbox="186 1270 1185 1407"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$ 0.00	\$ 0.00
a.	Gross receipts	\$ 0.00												
b.	Ordinary and necessary operating expenses	\$ 0.00												
c.	Rent and other real property income	Subtract Line b from Line a												
6	Interest, dividends and royalties.			\$ 0.00	\$ 0.00									
7	Pension and retirement income.			\$ 0.00	\$ 0.00									
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$ 0.00	\$ 390.00									
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" data-bbox="186 1816 1185 1890"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ 0.00</td> <td>Spouse \$ 0.00</td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00												

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.	\$ 0.00		
	b.	\$ 0.00		
	Total and enter on Line 10		\$ 0.00	\$ 0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 3,345.83	\$ 2,598.00
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$ 5,943.83	
Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.			\$ 71,325.96
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Ohio</u> b. Enter debtor's household size: <u>4</u>			\$ 70,599.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "The presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input checked="" type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.			

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)				
16	Enter the amount from Line 12.			\$ 5,943.83
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.			
	a.	\$		
	b.	\$		
	c.	\$		
	Total and enter on Line 17.			\$ 0.00
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.			\$ 5,943.83

Part V. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of person is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 1,377.00																								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$ 240.00																								
<table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th colspan="3" style="text-align: left;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td><td style="width: 40%;">Allowance per person</td><td style="width: 15%; text-align: right;">60.00</td> <td style="width: 5%;">a2.</td><td style="width: 40%;">Allowance per person</td><td style="width: 15%; text-align: right;">144.00</td> </tr> <tr> <td>b1.</td><td>Number of persons</td><td style="text-align: right;">4</td> <td>b2.</td><td>Number of persons</td><td style="text-align: right;">0</td> </tr> <tr> <td>c1.</td><td>Subtotal</td><td style="text-align: right;">240.00</td> <td>c2.</td><td>Subtotal</td><td style="text-align: right;">0.00</td> </tr> </tbody> </table>			Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person	60.00	a2.	Allowance per person	144.00	b1.	Number of persons	4	b2.	Number of persons	0	c1.	Subtotal	240.00	c2.	Subtotal	0.00
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person	60.00	a2.	Allowance per person	144.00																					
b1.	Number of persons	4	b2.	Number of persons	0																					
c1.	Subtotal	240.00	c2.	Subtotal	0.00																					
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 601.00																								
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. <div style="text-align: center; color: red; font-weight: bold; margin: 5px 0;">SUMMIT COUNTY</div> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tbody> <tr> <td style="width: 5%;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 15%; text-align: right;">\$ 1,142.00</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="text-align: right;">\$ 977.00</td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,142.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 977.00	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$ 165.00															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,142.00																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 977.00																								
c.	Net mortgage/rental expense	Subtract Line b from Line a																								
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$ 0.00																								

22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. CLEVELAND - total includes extra \$400 for 2 old vehicles</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 852.00									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 0.00									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$ 496.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ 496.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$ 496.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$ 496.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ 496.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$ 496.00									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 1,054.00									
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$ 54.00									
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ 0.00									
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</p>	\$ 0.00									

29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ 0.00
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$ 440.00
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$ 0.00
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ 0.00
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32	\$ 4,783.00

Subpart B: Additional Living Expense Deductions
Note: Do not include any expenses that you have listed in Lines 19-32.

34	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$ 103.92	
	a.	Health Insurance		\$ 103.92
	b.	Disability Insurance		\$ 0.00
	c.	Health Savings Account		\$ 0.00
	Total and enter on Line 34.		\$ 103.92	
	If you do not actually expend this total amount, state your actual average expenditures in the space below: \$ <u>120.00</u>			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$ 0.00	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$ 0.00	
37	Home energy costs Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$ 0.00	
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$ 0.00	

*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170 (c)(1)-(2)	\$ 120.00
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.	\$ 223.92

Subpart C: Deductions for Debt Payment

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Bank of America</td> <td>446 Garnette</td> <td>\$ 930.33</td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$ 0.00</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$ 0.00</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td>Total: Add Line a, b and c</td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	Bank of America	446 Garnette	\$ 930.33	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	b.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	c.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				Total: Add Line a, b and c		\$ 930.33
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																										
a.	Bank of America	446 Garnette	\$ 930.33	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no																										
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c.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
			Total: Add Line a, b and c																											
43	<p>Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Bank of America</td> <td>446 Garnette</td> <td>\$ 253.01</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3"></td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.	Bank of America	446 Garnette	\$ 253.01	b.			\$ 0.00	c.			\$ 0.00					\$ 253.01					
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b.			\$ 0.00																											
c.			\$ 0.00																											
44	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.</p>				\$ 0.00																									

45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.		
	a.	Projected average monthly Chapter 13 plan payment.	\$ 600.00
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 7.3 %
	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b \$ 43.80
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$ 1,227.14
Subpart D: Total Deductions from Income			
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.		\$ 6,234.06
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION			
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$ 5,943.83
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$ 6,234.06
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.		\$ -290.23
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.		\$ -17,413.80
52	Initial presumption determination. Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 51 is less than \$7,075*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725*. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$ N.A.
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.		\$ N.A.
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.		
Part VII: ADDITIONAL EXPENSE CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.		
		Expense Description	Monthly Amount
	a.		\$ 0.00
	b.		\$ 0.00
	c.		\$ 0.00
	Total: Add Lines a, b and c		0.00

*Amounts are subject to adjustment on 4/1/2013, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Part VIII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: 3/28/12 Signature: /s/ Bryant Keith Robinson
(Debtor)

Date: 3/28/12 Signature: /s/ Geri Lynn McHargh-Robinson
(Joint Debtor, if any)

Form 22 Continuation Sheet					
Income Month 1			Income Month 2		
Gross wages, salary, tips...	2,949.00	1,844.00	Gross wages, salary, tips...	4,171.00	2,030.00
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	390.00	Contributions to HH Exp...	0.00	390.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Income Month 3			Income Month 4		
Gross wages, salary, tips...	2,980.00	3,318.00	Gross wages, salary, tips...	3,181.00	2,051.00
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	390.00	Contributions to HH Exp...	0.00	390.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Income Month 5			Income Month 6		
Gross wages, salary, tips...	3,587.00	2,162.00	Gross wages, salary, tips...	3,207.00	1,843.00
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	390.00	Contributions to HH Exp...	0.00	390.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Additional Items as Designated, if any					
Remarks					

UNITED STATES BANKRUPTCY COURT
Northern District of Ohio

In re:

Bryant Keith Robinson & Geri Lynn
McHargh-Robinson

Case No.
Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 800.00
	350.00
Prior to the filing of this statement I have received	\$ 450.00
Balance Due	

2. The source of the compensation paid to me was:

(specify) ☒ Debtor ☐ Other

3. The source of compensation to be paid to me is:

(specify) ☒ Debtor ☐ Other

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. ☒ Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. ☒ Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. ☒ Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. ☒ Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

e. [Other provisions as needed]

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

3/28/12 03/29/12

Date

Name of law firm

/s/Robert Whittington /s/ Robert M. Whittington, Jr.

Signature of Attorney

39 E. Market St., #303
Akron, OH 44308
(330) 384 8484 fax (330) 384 8953
elkwhitt@neo.rr.com